

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 12345

09/53

FILING DATE

1-5-01

CLAIMS

CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51	
2	/					52	
3	/					53	
4	/					54	
5	/					55	
6	/					56	
7	/					57	
8	/					58	
9	/					59	
10	/					60	
11	/					61	
12	/					62	
13	/					63	
14	/					64	
15	/					65	
16	/					66	
17	/					67	
18	/					68	
19	/					69	
20	/					70	
21	/					71	
22	/					72	
23	/					73	
24	/					74	
25	/					75	
26	/					76	
27	/					77	
28						78	
29						79	
30						80	
31						81	
32						82	
33						83	
34						84	
35						85	
36						86	
37						87	
38						88	
39						89	
40						90	
41						91	
42						92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL IND.	1					TOTAL IND.	1
TOTAL DEP.	23	↓	↓	↓	↓	TOTAL DEP.	23
TOTAL CLAIMS	27	↓	↓	↓	↓	I. TAL.	27

TOTAL

Nb.

**TOTAL
JEP.**

100
100

100

— 10 —

150

MANUAL

1

11

1